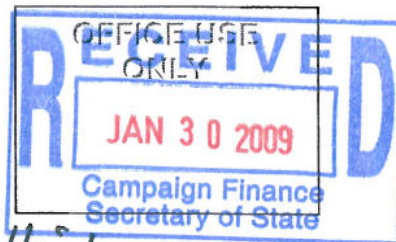


CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS



Name of Candidate John A. Horhn
Address P.O. Box 2030 County Hinds
Telephone (Work) 601.366.4285 (Home) 601.362.1045 (Fax) _____
Contact Name John Horhn Email Address jhorhn@comcast.net
Office Sought Senate Dist 26 Political Party Democrat

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ____ October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008).....Mandatory
____ November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008).....Runoff Candidates
✓ January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008).....Mandatory
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	4675 ⁰⁰ + \$ 200 ⁰⁰	\$ 4875 ⁰⁰	\$ 4875 ⁰⁰
Total amount of disbursements \$	2,304 ⁶³ + \$ 8,402 ⁵⁰	\$ 10,707 ¹³	\$ 10707 ¹³
Total amount of cash on hand \$		1764 ⁹⁵	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

RECEIVED
JAN 30 2009

Secretary of State
Capitol Office

Name of Candidate or Committee John A. Horner
 Reporting period Jan 1, 2008 through Dec. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Pfizer</u>		<u>7/16/08</u>	\$ <u>500.00</u>
Mailing Address <u>412 Main St., Ste 201 B</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Franklin, TN 37064</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Merck & Co U.S. Human Health</u>		<u>7/16/08</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 4</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>West Point, PA 19486-0004</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>United Health Care Services</u>		<u>7/16/08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1459</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Minneapolis, MN 55440-1459</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE-PAC</u>		<u>9/10/08</u>	\$ <u>500.00</u>
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee John A. Horne
 Reporting period Jan 1, 2008 through Dec 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Dental PAC</u>	<u>9/10/08</u>	\$ <u>400.00</u>
Mailing Address <u>2630 Ridgewood Rd, Sta. C</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39216-4920</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Anheuser Busch</u>	<u>9/12/08</u>	\$ <u>500.00</u>
Mailing Address <u>One Busch Place</u>	___/___/___	\$
City, State, Zip Code <u>St. Louis, MO 63118-1852</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Abbott Laboratories</u>	<u>10/06/08</u>	\$ <u>275.00</u>
Mailing Address <u>150 Abbott Park Rd</u>	___/___/___	\$
City, State, Zip Code <u>Abbott Park, IL 60064-6028</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>M.D. Eye PAC</u>	<u>10/14/08</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 217</u>	___/___/___	\$
City, State, Zip Code <u>Jackson, MS 39205</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee John A. Horhn
 Reporting period Jan 1, 2008 through Dec 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input checked="" type="checkbox"/> Other (please specify) <u>state association</u>		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Assoc For Home Care</u>		<u>11 / 19 / 08</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1468</u>		<u> / / </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39158</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Advance America</u>		<u>11 / 19 / 08</u>	\$ <u>250.00</u>
Mailing Address <u>135 N. Church St.</u>		<u> / / </u>	\$
City, State, Zip Code <u>Spartanburg, S.C. 29306</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify)		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee John A. Horner
 Reporting period Jan 1, 2008 through Dec 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name <u>Irvin Tate</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>814 Windward Rd</u>	<u>8/19/08</u>	\$ <u>200.00</u>
City, State, Zip Code <u>Jackson, MS 39206</u>	<u>9/1/08</u>	\$ <u>55.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>X</u>
<hr/>		
B. Full name <u>X</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>X</u>	<u>___/___/___</u>	\$ <u>145.00</u>
City, State, Zip Code <u>X</u>	<u>___/___/___</u>	\$ <u> </u>
Purpose of Disbursement (Optional) <u>X</u>	Aggregate Year-to-date	\$ <u>40.00</u>
<hr/>		
C. Full name <u>Jackson Advocate</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>108 W. Hamilton St</u>	<u>10/8/08</u>	\$ <u>300.00</u>
City, State, Zip Code <u>Jackson, MS 39202</u>	<u>___/___/___</u>	\$ <u> </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
<hr/>		
D. Full name <u>100 Black Men of Jackson</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>5360 Highland Dr</u>	<u>10/23/08</u>	\$ <u>650.00</u>
City, State, Zip Code <u>Jackson, MS 39206</u>	<u>10/23/08</u>	\$ <u>250.00</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
<hr/>		
E. Full name <u>Wendy Ben</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>Choctaw, MS</u>	<u>10/23/08</u>	\$ <u>250.00</u>
City, State, Zip Code <u> </u>	<u>___/___/___</u>	\$ <u> </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>
<hr/>		
F. Full name <u>Jean Lavine Campaign</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>for Election Commission Dist 1</u>	<u>___/___/___</u>	\$ <u>250.00</u>
City, State, Zip Code <u> </u>	<u>___/___/___</u>	\$ <u> </u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u> </u>

Name of Candidate or Committee John A. Horhn
 Reporting period Jan 1, 2008 through Dec 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Bellsouth / AT&T</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>204⁶³</u>
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
<u>Landmark Center</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
<u>Jackson, MS 39205</u>	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$